

Commander Navy Installations MWR 401(k) Savings and Investment Plan

PARTICIPANT INFORMATION CHANGE

(For investment selections or transfers between investments,
Call FLASHSM (1-800-74-FLASH) or access The JourneySM on the Internet at
<http://www.massmutual.com/retire>)

Account Number SF 51373 - 1 - 1 - 0

Activity Fund Number: _____

PARTICIPANT INFORMATION

Name _____
first middle last

Address _____
street
city state zip

Social Security No. _____ E-mail Address _____

☐ Check here if Name, Address, or Social Security No. has changed and indicate former information below.

☐ **MARITAL STATUS CHANGE:** Change to ☐ Married ☐ Not Married or Legally Separated

☐ **PAYROLL DEDUCTION CHANGE:** I authorize the following contributions to be taken from my compensation each pay period and credited to my Account in the Plan. I understand I may revoke this election at any time, I may change this election quarterly, and my Employer may reduce my contribution if the Plan does not meet IRS guidelines.

☐ **Before-Tax Contribution:** _____% - **PERCENTAGE CAN BE UP TO 4 DECIMAL PLACES**
(not to exceed IRS Annual Limit)

☐ Due to a Hardship Withdrawal, my contributions must be stopped for 6 months.

☐ I wish to stop my contributions to the Plan at this time. I understand that I will not get my contributions until I terminate employment.

☐ **ADDRESS CHANGE:** New address is entered above. Old address was

street
city state zip

☐ **PARTICIPANT NAME/SS# CHANGE:** My former Social Security No. was _____

My former name was _____
first middle last

☐ **BIRTH DATE CORRECTION:** The birth date on record should be _____/_____/_____
mo day yr

SIGNATURES

Participant Signature

_____/_____/_____
Date

Plan Administrator Signature

_____/_____/_____
Date

Revised 05/2006